States and Union Territory of Pondicherry are concerned. Ultimately a memorandum of joint Statement has been filed on behalf of the States of Tamil Nadu, Karnataka, Kerala and Union Territory of Pondicherry agreeing to the following terms :—

1. That the information under "Common Format", shall be updated till end of 1995-96.
2. That the Party States shall exchange data/ information on :
   (a) Daily rainfall, in respect of mutually agreed stations;
   (b) Daily inflows and outflows (with level and storage), in respect of all the major reservoirs in the basin;
   (c) Dates of opening and closing of the major and medium reservoirs in the basin;
   (d) Ayacut thrown open for irrigation, under the major, medium, and diversion schemes, from 1996-97 season onwards; and
   (e) Data pertaining to the location, quantum and all the relevant aspects on trans-basin diversions made by each State.
3. That a party State shall make available, within the reasonable time, documents, publications etc., if requested by any other party State, which is relevant and necessary for determination of the dispute.
4. That the documents already asked for by any party State, shall be supplied within two weeks.
5. That a Party State shall permit inspection of the project sites and basin areas (including trans-basin areas) to the Advocates, Engineers and other Officials of any other Party State, whenever requested, with four weeks prior notice.

[Translation]

Ban on use of Gambier

2266. SHRI JAGAT VIR SINGH DRONA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Government are aware that the use of 'Gambier' in Pan masala is the cause of oral cancer and since gambier is easily available to Pan masala manufacturers in Kanpur due to a large number of tannery industries there, cases of leukoplekia and submucus-fibrosis are five times more in Kanpur as compared to other parts of the country; and

(b) if so, the steps propesed to be taken by the Government to prevent it?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) and (b) There is no epidemiological data to indicate that use of Gambier in Pan-masala is the cause of Oral Cancer in Kanpur or has resulted in five-fold increase in leukoplakia and submucus-fibrosis in Kanpur as compared to other parts of the country.

Treatment of Patients

2267. SHRI MOHAMMAD ALI ASHRAF FATMI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the patients coming from outside, are not treated properly in Ram Manohar Lohiya Hospital, Safdarjung Hospital and All India Institute of Medical Sciences due to which these people go to the members of Parliament with the complaints;

(b) the number of Members of Parliament who have sent complaints to the Government in this regard during the last three years and the action tax by the Government thereon; and

(c) whether any doctors and officers have been punished in this regard and if so, the details thereof for the last three years?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) Irrespective of place of residence of patients, every effort is made by hospital authorities to ensure that all patients are provided with proper treatment.

(b) During the last three years, 5 complaints were received from MPs. Decisions have been taken in respect of 4 complaints.

(c) No, Sir.

Recognition of Private Hospitals

2268. SHRI PRAMOD MAHAJAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recognised any private hospitals and diagnostic centres in Mumbai for the benfit of CGHS beneficiaries for availing themselves of specialized treatment, if so, the names and details there of including the procedure and the charges in each hospital, etc.;

(b) if not, the reasons therefor; and

(c) the time by which Government propose to recognize such private hospitals etc. for CGHS beneficiaries in Mumbai and other metropolitan cities?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) At present the following private hospitals stand recognised for CGHS beneficiaries in Mumbai :—

1. Bombay Hospital
2. Dr. B. Nanavati Hospital.
3. N. Wadia Hospital.
4. Radhibai Watumull Chest Hospital.
5. Children's Orthopaedic Hospital.
6. Tata Memorial Hospital.

However, fresh recognition of private hospitals under CGHS, Bombay, is under process, and orders are likely to be issued soon.

Condition of Women in the Country

2269. SHRI RAJENDRA AGNIHOTRI : Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) whether there is any proposal with the Union Government to improve the condition of women in the country;

(b) if so, the salient features thereof; and

(c) if not, whether the Government propose to bring about any such proposal?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI S.R. BOMMAI) : (a) and (b) In addition to the ongoing schemes, the Government of India has finalised a draft National Poilcy for the Empowerment of Women. A Statement is enclosed.

(c) Does not arise.

Statement

Government of India

Ministry of Human Resource Development

Department of Women and Child Development

National Policy for the Empowerment of Women 1996

(Draft)

Introduction

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles.

Within the Framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women's advancement in different spheres. From the Fifth Five Year Plan (1974-78) onwards, there has been a marked shift in the approach to women's issues from welfare to development. In recent years, the empowerment of women has been recognised as the central issue in determining the status of women. The National Commission for Women was set up by an Act of Parliament in 1990 to safeguard the rights and legal entitlements of women. The 73rd and 74th Amendments (1993) to the Constitution of India have provided for reservation of seats in the local bodies of Panchayats and municipalities for women, laying a strong foundation for heir participation in decision making at the local levels.

India has also ratified various international conventions and human rights instruments committing to secure equal rights for women. Key among them is the ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW-1979) in 1993.

The Mexico Plan of Action (1975), the Nairobi Forward Looking Strategies (1985), the Beijing Declaration as well as the Platform for Action (1995), have been unreservedly endorsed by India for appropriate follow up.

The women's movement and a wide-spread net work of non-Government Organisations which have strong grass-roots presence and deep insight into women's concerns have inspired many initiatives for the empowerment of women.

However, there still exists a wide gap between the goals enunciated in the Constitution, legislation, policies, plans, programmes, and related mechanisms on the one hand and the situational reality of the status of women in India, on the other. This has been analysed extensively in the Report of the Committee on the Status of Women in India, "Towards Equality", 1974, and highlighted in the National Perspective Plan for Women, 1988-2000 and the Shramshakti Report, 1988.

Gender disparity manifest itself in various forms, the most obvious being the trend of continuously declining female ratio in the population in the last few decades. Social steno-typing and violence at the domestic and societal levels are some of the other manifestations. Discrimination against girl children, adolescent girls and women still persists.

Consequently, the access of women - majority of whom are in the rural areas and in the informal, unorganised sector — to education, health and productive resources, among others, is inadequate. Therefore, they remain largely marginalised, poor and socially excluded.

In this background, having taken stock of national and international developments and after a series of consultations with *Members of Parliament*, State Governments, non-Governmental Organisations, *Womens' Organisations*, social activists, researchers and other experts in the country, this Policy has been drawn up.

The goal of this Policy is to bring about the advancement, development and empowerment of women. This is to be achieved by changing societal